

**Senior Promotion Pre-Application Package**

**Due Date: April 20, 2022**

**Introduction**

Candidates in the DFCM are required to submit a Senior Promotion Pre-Application to the Department Promotions Committee (DPC) in order to obtain feedback from committee regarding **readiness for promotion.**

By now you will have:

1. **Read** the [2021 Manual for Academic Promotion](https://temertymedicine.utoronto.ca/sites/default/files/inline-files/Manual_for_Academic_Promotion_to_AssociateProfessor_and_Professor_September2021.pdf)
2. Met with your respective **Chief** or approved DFCM Program Director
	* This meeting is **mandatory** and should occur PRIOR to meeting with Dr White
	* The main purpose is to discuss your readiness for promotion
3. Met with **Dr. David White** (DFCM Department Promotions Committee Chair)
	* This meeting is **mandatory** and should occur between January – March (prior to submitting a pre-application)

**Submission Instructions**

Included below are the required documents for submitting a senior promotion pre-application. Applications should be submitted electronically to dfcm.promotion@utoronto.ca. Please review the checklist below and ensure all the items are included when you submit.

Submit the completed pre-application electronically (**in order as below**)

in a **SINGLE (1) PDF file.**

1. **Application Form**
2. **Identified areas of excellence or competence (4)**
3. **Identified scholarly pieces of work (5)**
4. **Curriculum Vitae**
5. **Teaching Dossier**
6. **Teaching data summary report**

Following review of the pre-application by the Department Promotions Committee (DPC), a formal letter will be sent to the candidate providing the Committee’s recommendations along with feedback specific to the application and academic activities.

**DFCM Contact: Sarah Letovsky, Academic Promotions Coordinator**

Department of Family and Community Medicine

Temerty Faculty of Medicine | University of Toronto

E-mail: dfcm.promotion@utoronto.ca



|  |
| --- |
| **DFCM 2021-2022 Senior Promotion** **APPLICATION FORM** |
| **Due date: April 20, 2021** |

**Please complete the following information IN FULL:**

|  |
| --- |
| **APPLICANT DETAILS** |
| **FIRST Name:**  | **LAST Name:**  |
| **REQUESTED RANK:** 🔿 Associate Professor 🔿 Professor |

|  |  |  |
| --- | --- | --- |
|  | **BUSINESS** | **HOME** |
| Address 1 |  |  |
| Address 2 |  |  |
| City, Province |  |  |
| Postal Code |  |  |
| Telephone/Cell |  |  |
| Fax |  |  |
| **Primary Email:** |  |

|  |
| --- |
| **DFCM CHIEF/DIVISION HEAD INFORMATION** |
| **Hospital Site:** | **Division (if appl.):** |
| **Chief/Division Head:** | **Chief/Division Head Phone #:** |
| **Chief/Division Head email:** |
| **APPOINTMENT AND RANK HISTORY** |
| **Current Rank in the DFCM:** |  |
|  Date Appointed:  | (day, month, year)  |
|  Please check off:  | 🔿 Full Time 🔿 Part Time 🔿 Adjunct 🔿 S/O |
| **Previous Rank in the DFCM:**  |  |
|  Date Appointed: | (day, month, year) |
|  Please check off:  | 🔿 Full Time 🔿 Part Time 🔿 Adjunct 🔿 S/O |
| **Do you have a cross appointment**? | 🔿 Yes 🔿 No |
| Cross appointment department(s): |  |

|  |
| --- |
| **CONFIRMATION OF MEETINGS** |
| 🔿 Yes, I have met with my respective Chief/Division Head on this date 🡪 | (day, month, year) |
| 🔿 Yes, I have met with Dr. David White (DPC Chair) on this date 🡪 | (day, month, year) |

**RESEARCH**

*Area of Excellence or Competence*

*Reference Section 3.1, page 14 in the Academic Promotion Manual*

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please select 🡺** | 🔾 Excellence 🔾 Competence |
| **Description:** |  |
| **My Role:** |  |
| **Provide a summary of the evidence:****IMPACT****IMPORTANCE****INNOVATION**  |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):**  |
| **Local:** |  |
| **Provincial/Regional:**  |  |
| **National:**  |  |
| **International:**  |  |

**CREATIVE PROFESSIONAL ACTIVITY (CPA)**

*Area of Excellence or Competence*

*Reference Section 3.2, page 20 in the Academic Promotion Manual*

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please select 🡺** | 🔾 Excellence 🔾 Competence |
| **Description:** |  |
| **My Role:** |  |
| **Provide a summary of the evidence:****IMPACT****IMPORTANCE****INNOVATION**  |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):**  |
| **Local:** |  |
| **Provincial/Regional:**  |  |
| **National:**  |  |
| **International:**  |  |

**TEACHING & EDUCATION**

*Area of Excellence or Competence*

*Reference Section 3.3, page 26 in the Academic Promotion Manual*

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please select 🡺** | 🔾 Excellence 🔾 Competence |
| **Description:** |  |
| **My Role:** |  |
| **Provide a summary of the evidence:****IMPACT****IMPORTANCE****INNOVATION**  |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):**  |
| **Local:** |  |
| **Provincial/Regional:**  |  |
| **National:**  |  |
| **International:**  |  |

**ADMINISTRATIVE SERVICE**

*Area of Excellence or Competence*

*Reference Section 3.4, page 40 in the Academic Promotion Manual*

|  |  |
| --- | --- |
| **NAME:** |  |
| **Statement:** | * *Please provide a brief outline of your service activities*
* *Use of bullet points is encouraged*
* *Comment on how your contributions have affected your department, the Faculty of Medicine, the University of Toronto, your discipline, the professional community or other targeted communities*
* *Please be specific in the geographic scope of impact, i.e., local, provincial, national, international*
 |
|  |  |
| [write statement here] |

**SCHOLARLY WORK #1**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please classify:** | ⭘ Publication ⭘ Scholarly Work |
| **Description:** |  |
| **My Role:** |  |
| **If a publication, indicate your level of contribution:** | ⭘ Senior responsible author⭘ Principal author⭘ Co-principal author⭘ Collaborator |
| **Significance of work:****IMPACT****IMPORTANCE****INNOVATION** |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):** |
| **International:**  |  |
| **National:** |  |
| **Provincial/Regional:**  |  |
| **Local:**  |  |

**SCHOLARLY WORK #2**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please classify:** | ⭘ Publication ⭘ Scholarly Work |
| **Description:** |  |
| **My Role:** |  |
| **If a publication, indicate your level of contribution:** | ⭘ Senior responsible author⭘ Principal author⭘ Co-principal author⭘ Collaborator |
| **Significance of work:****IMPACT****IMPORTANCE****INNOVATION** |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):** |
| **International:**  |  |
| **National:** |  |
| **Provincial/Regional:**  |  |
| **Local:**  |  |

**SCHOLARLY WORK #3**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please classify:** | ⭘ Publication ⭘ Scholarly Work |
| **Description:** |  |
| **My Role:** |  |
| **If a publication, indicate your level of contribution:** | ⭘ Senior responsible author⭘ Principal author⭘ Co-principal author⭘ Collaborator |
| **Significance of work:****IMPACT****IMPORTANCE****INNOVATION** |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):** |
| **International:**  |  |
| **National:** |  |
| **Provincial/Regional:**  |  |
| **Local:**  |  |

**SCHOLARLY WORK #4**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please classify:** | ⭘ Publication ⭘ Scholarly Work |
| **Description:** |  |
| **My Role:** |  |
| **If a publication, indicate your level of contribution:** | ⭘ Senior responsible author⭘ Principal author⭘ Co-principal author⭘ Collaborator |
| **Significance of work:****IMPACT****IMPORTANCE****INNOVATION** |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):** |
| **International:**  |  |
| **National:** |  |
| **Provincial/Regional:**  |  |
| **Local:**  |  |

**SCHOLARLY WORK #5**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Please classify:** | ⭘ Publication ⭘ Scholarly Work |
| **Description:** |  |
| **My Role:** |  |
| **If a publication, indicate your level of contribution:** | ⭘ Senior responsible author⭘ Principal author⭘ Co-principal author⭘ Collaborator |
| **Significance of work:****IMPACT****IMPORTANCE****INNOVATION** |  |
|  |
| **Please be specific in the geographic scope of impact (fill in for each applicable level):** |
| **International:**  |  |
| **National:** |  |
| **Provincial/Regional:**  |  |
| **Local:**  |  |

**Curriculum Vitae**

**[Title] [Given Name] [Family Name]**

**[Professional Title]**

*Note: Record level details are generally denoted only once for each section. If there are multiple subsections, please use the same format unless noted otherwise.*

***N.B. for senior promotions****: for dates listed, please try to include exact months where possible, especially for your appointment rank history/last date of promotion.*

 **A. Date Curriculum Vitae is Prepared: [Year Month Day]**

**B. Biographical Information**

Primary Office [Institution]
 [Street Address]
 [City], [Province], [County]
 [Postal Code]
Telephone [Telephone Number]
Cellphone [Cell Phone Number]
Fax [Fax Number]
Email [Email Address]

**1. EDUCATION**

**Degrees**

[Presented in reverse chronological order]

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

**Postgraduate, Research and Specialty Training**

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

**Qualifications, Certifications and Licenses**

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License/ Membership Number]

**2. EMPLOYMENT**

**Current Appointments**

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

 *Description.*

**Previous Appointments**

CLINICAL

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

 *Description.*

CONSULTING

HOSPITAL

RESEARCH

UNIVERSITY

UNIVERSITY – CROSS APPOINTMENT

UNIVERSITY – RANK

WORK INTERRUPTIONS

[OTHER POSITION TYPE]

**3. HONOURS AND CAREER AWARDS**

**Distinctions and Research Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/Organization], [City], [Province/ State], [Country]. ([Award Type , Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/ Organization], [City], [Province/ State], [Country]. ([Award Type], (i.e., Credential, Distinction, or Research Award), Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**Teaching Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/ Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty: [Specialty])

 *Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**Student/Trainee Awards**

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].

 *Description. Total Amount: [Total Amount] [Currency]*

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].

 *Description. Total Amount: [Total Amount] [Currency]*

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

**4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES**

**Professional Associations**

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Association Name], [Membership Number]

 **Administrative Activities**

INTERNATIONAL

[Institution/Organization name]

[Presented in reverse chronological order under individual institutions/organizations]

[Start – End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [Primary Audience], [City], [Province], [Canada].

 *Description.*

NATIONAL

PROVINCIAL / REGIONAL

LOCAL

**Peer Review Activities**

ASSOCIATE OR SECTION EDITING

[Presented in reverse chronological order]

[Role]

[Start – End Dates] [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

EDITORIAL BOARDS

GRANT REVIEWS

MANUSCRIPT REVIEWS

PRESENTATION REVIEWS

[OTHER ACTIVITY TYPE]

 **Other Research and Professional Activities**

RESEARCH PROJECT

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Title]. [Institution/ Organization], [City], [Province], [Country]. Supervisor(s): [Supervisor(s) Name]. Collaborators: [Collaborators Name]

 [*Description*].

thesis project

[OTHER ACTIVITY TYPE]

**C. Academic Profile**

***Note – Academic Profile:***

* ***This section is only required in the final DFCM senior promotion dossier***
* ***It is NOT required for the pre-application – you may leave it out and then build it out later for your dossier.***

**1. RESEARCH STATEMENT**

[Short research statement]

**2. TEACHING PHILOSOPHY**

[Short teaching philosophy statement]

**3. CREATIVE PROFESSIONAL ACTIVITIES STATEMENT**

[Short CPA statement]

**D. Research Funding**

 **1. Grants, Contracts and Clinical Trials**

**PEER-REVIEWED GRANTS**

FUNDED

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]]
*Description*.

AWARDED BUT DECLINED

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]]
*Description*.

**NON-PEER-REVIEWED GRANTS**

[Presented in reverse chronological order]

FUNDED

AWARDED BUT DECLINED

**2. SALARY SUPPORT AND OTHER FUNDING**

**Personal Salary Support**[Presented in reverse chronological order]

[Start – End Dates] [Funding Title]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country]. (Specialty: [Specialty]).

**Trainee Salary Support**

[Start – End Dates] [Funding Title]. Trainee Name: [Trainee Name]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country]. (Specialty: [Specialty]).

**Other Funding**

**E. Publications**

**H INDEX AND CITATION REPORT**

***Note – the H-Index and Citation Report***

* ***This section is only required in the final senior promotion dossier***
* ***It is a separate set of documents external to the CV***
* ***It is NOT required for the pre-application***

[If available, please include:

- total number of citations

- H-Index (see Appendix 6.0 for instructions on determining your H-Index]

**1. MOST SIGNIFICANT PUBLICATIONS**

[Presented in reverse chronological order]

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

*Most significant publication details*.

**2. PEER-REVIEWED PUBLICATIONS**

**Journal Articles**

[Presented in reverse chronological order]

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Case Reports**

1. [Author(s) - ***CV holder’s name bolded***]. [Report Title]. [Edition]. [City] (Canada): [Publisher]; [Year] [Month] [Day]. [# of pages] p. [Report #]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Books**

1. [Author(s) - ***CV holder’s name bolded***]. [Book Title]. [Edition]. [Editors], editor(s). [Volume]. [City] ([Country]): [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Books Edited**

[Same citation format as “Books”]

**Book Chapters**

1. [Author(s) - ***CV holder’s name bolded***]. [Chapter Title]. In: [Editors], editor(s). [Book Title]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. p. [Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if “In Press”*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Manuals**

1. [Author(s) - ***CV holder’s name bolded***]. [Manual Title]. In: [Editors], editor(s). [Name of Journal, Book, etc. where it was published]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Editorials**

[Same citation format as “Journal Articles”]

**Commentaries**

[Same citation format as “Journal Articles”]

**Letters to Editor**

[Same citation format as “Journal Articles”]

**Monographs**

1. [Author(s) - ***CV holder’s name bolded***]. [Title]. [Journal Name]. [Year] [Month] [Day]. [Rest of Citation]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Multimedia**

[Same citation format as “Monographs”]

**In Preparation**

1. [Author(s) - ***CV holder’s name bolded***]. [Paper Title]. [Editors], editor(s). [Year]. [#of pages] p. [Rest of Citation]. Available from: [URL]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Clinical Care Guidelines**

1. [Contributors - ***CV holder’s name bolded***]. [Title]. [City] (Canada): [Publisher]; [Year] [Month]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Journal Issues**

1. [Author(s) - ***CV holder’s name bolded***]. [Issue Title]. [Journal Name]. [Year] [Month] [Day]; [Volume]([Issue]). [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Magazine Entries**

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Magazine Name]. [Year] [Month] [Day]; [Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Newspaper Articles**

1. [Author(s) - ***CV holder’s name bolded***]. [Article Title]. [Newspaper name] ([Edition]). [Year] [Month] [Day]; [Section]:[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Online Resources**

1. [Author(s) - ***CV holder’s name bolded***]. [Title]. [Editors], editor(s). [City] [(Country)]: [Publisher]; [Year] [Month] [Day]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

**Other Publications**

[Same citation format as “Monographs”]

**3. NON-PEER-REVIEWED PUBLICATIONS**

[Same citation format as Peer-Reviewed Publications]

**Journal Articles**

**Case Reports**

**Books**

**Books Edited**

**Book Chapters**

**Manuals**

**Editorials**

**Commentaries**

**Letters to Editor**

**Monographs**

**Multimedia**

**In Preparation**

**Clinical Care Guidelines**

**Journal Issues**

**Magazine Entries**

**Newspaper Articles**

**Online Resources**

**Other Publications**

**4. SUBMITTED PUBLICATIONS**

[Same citation format as Peer-Reviewed Publications]

**Journal Articles**

**Case Reports**

**Books**

**Books Edited**

**Book Chapters**

**Manuals**

**Editorials**

**Commentaries**

**Letters to Editor**

**Monographs**

**Multimedia**

**Clinical Care Guidelines**

**Journal Issues**

**Magazine Entries**

**Other Publications**

**F. Intellectual Property**

**1. Patents**

[Presented in reverse chronological order]

[Date of Issue] **[Title]**. [Status], Filing Date: [Year] [Month]. Patent #: [Patent #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**2. Copyrights**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Copyright #: [Copyright #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**3. Licenses**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. License #: [License #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**4. Disclosures**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Disclosure #: [Disclosure #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**5. Trademarks**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Trademark #: [Trademark #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**6. Other**

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. #: [#], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
*[Brief Description]*.

**G. Presentations and Special Lectures**

**1. International**

**Invited Lectures and Presentations**

[Presented in reverse chronological order]

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

**Presented Abstracts**

[Same format as “Invited Lectures and Presentations”]

**Presented and Published Abstracts**

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*)

*Publication Details:*
[Author(s)]. [Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. **[Publication Role]**.

**Media Appearances**

[Date] **[Presentation Role]**. [Topic]. Interviewer: [Interviewer]. [Program], [Network]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. End date: [Year] [Month] [Day]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

**Other Presentations**

[Same format as “Invited Lectures and Presentations”]

**2. National**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

**3. Provincial/ Regional**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

**4. Local**

**Invited Lectures and Presentations**

**Presented Abstracts**

**Presented and Published Abstracts**

**Media Appearances**

**Other Presentations**

 **H. Teaching and Design**

*Please see the Teaching and Educational Report for full details.*

[Introduction to Teaching and Education Report]

**1. Innovations and Development in Teaching and Education**

 [Presented in reverse chronological order]

[Start – End Dates] [Title], [Primary Audience], [Faculty], [University Department], [Division], [Institution/ Organization]
*[Description].
[Impact].*

 **I. Research Supervision**

**1. Primary or co-supervision**

**Multilevel Education**

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Year/Stage - *if applicable*]. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. *[Research Project Title]*. *[Group Supervision – if applicable], [Non-thesis Project – if applicable]*. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - *if applicable*]

**Undergraduate Education**

**Graduate Education**

**Undergraduate MD**

**Postgraduate MD**

**Continuing Education**

**Faculty Development**

**Patient and Public Education**

**Postdoctoral Research Fellow (PhD)**

**Research Associate**

**Clinical Research Fellow (MD)**

**Other**

1. **OTHER SUPERVISION**

**Multilevel Education**

**Secondary Supervisor**

[Presented in reverse chronological order]

[Start – End Dates] **[Year/Stage]**. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. *[Research Project Title]*. *[Group Supervision – if applicable], [Non-thesis Project – if applicable]*. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - *if applicable*]

**Thesis Committee Member**

**Thesis Examiner**

**Qualifying/Reclass Examiner**

**Other**

**Undergraduate Education**

**Graduate Education**

**Undergraduate MD**

**Postgraduate MD**

**Continuing Education**

**Faculty Development**

**Patient and Public Education**

**Postdoctoral Research Fellow (PhD)**

**Research Associate**

**Clinical Research Fellow (MD)**

**Other**

**J. Creative Professional Activities**

**1. Professional Innovation and Creative Excellence**
[Presented in reverse chronological order]

[Start – End Dates] [Title],
[Description]
[Impact]

**2. Contributions to the Development of Professional Practices**

**3. Exemplary Professional Practice**

 **TEACHING DOSSIER &**

**Teaching Data Summary Report**

**Candidates are required to provide with their application the following two documents:**

**(1) Teaching Dossier**

* A sample teaching dossier is provided with this pre-application package (see below)

(**2) Teaching Data Summary Report - Teaching Effectiveness Score (TES)**

* A summary of your teaching effectiveness scores are required with the pre-application package. If you are claiming “excellence” in teaching, please ensure your teaching dossier and TES report are accurate and up-to-date
* For the purpose of the pre-application, you do NOT have to provide a teaching statement or copies of your evaluations, PowerPoint presentations, award letters or certificates
* Please use the TEACHING DATA SUMMRY REPORT provided with this application (see below) - If you do **not** have copies of your Teaching Effectiveness Scores, **your first point of contact** to receive your evaluations is your Chief/DFCM Division Head.

**DFCM faculty who wish to obtain their TES reports**

**for Undergraduate Education courses ONLY, please see below:**

* For the Family Medicine Longitudinal Experience, please contact fmle.recruit@utoronto.ca
* For other Pre-Clerkship courses, please contact the relevant course Director - a list of Pre-Clerkship Course Directors is available at: <http://www.md.utoronto.ca/program/preclerkship/coursedirectors.htm>
* For Family and Community Medicine core clerkship, preceptors may obtain their TES reports by following the attached instructions.  If they have any questions about the process, they are welcome to contact dfcm.clerkship@utoronto.ca
* For Electives TES Reports, please contact eva.lagan@utoronto.ca.
* For Transition to Residency (TTR) TES reports, please contact ttr.ume@utoronto.ca

**TEACHING DOSSIER**

**EXAMPLE**

**NAME**

Date Prepared:

1. **Teaching/Educational Activity**

**Undergraduate**

* List here in bullet form teaching activity
* 1 hour lectures to medical students on:
	+ Insert title here
	+ Foundations of Medical Practice
* 2-hour seminar teaching to medical students:
	+ Insert title here
	+ Pathology of Disease
* Supervision of elective medical students approximately once every two months for half days 2005 - 2010

**Postgraduate**

* List here in bullet form teaching activity
* 1 hour lecturers to medical students on:
	+ Insert title here
	+ Professionalism for Palliative Care
* 2 hour workshops to medical students:
	+ The Reflective Practitioner
* Supervision of PGY1 and PGY2 Family Medicine residents
* Supervision and one-on-one teaching of PGY3 emergency medicine residents approximately 2 hours/week

**Graduate**

* List here in bullet form teaching activity
* 1-hour presentation on Ethical issues in Emergency Medicine Care to Bioethics students

**Continuing Professional and Faculty Development**

Local

* List here in bullet form local workshop presentations
* Include name of workshop, location/city/conference and exact date

Provincial

* List here in bullet form provincial workshop presentations
* Include name of workshop, location/city/conference and exact date

National

* List here in bullet form national workshop presentations
* Include name of workshop, location/city/conference and exact date

International

* List here in bullet form International workshop presentations
* Include name of workshop, location/city/conference and exact date
1. **Curriculum Development and Innovation**

List under applicable headings:

1. Undergraduate education

2. Postgraduate medical education (i.e. - residency)

3. Graduate education (i.e. - masters, etc).

4. Post-doctoral training (i.e. - PhD)

5. Professional Development

6. Patient/Public Education

Identify role, i.e., lead developer, collaborator, developer, co-developer, contributor.

Another subtitle for this section might be: Course Aids for Students, i.e., created a student handout to summarize important information relating to xxx, to support students we have posted materials on the website, etc.

1. **Educational Leadership and Administration**

Or Educational Administration

Or Educational Development

A listing of all activities related to the administration, organizational and developmental aspects of education (organized by level) with a description of the nature and extent of the candidate’s involvement and level of responsibility. List under applicable headings:

1. Undergraduate education

2. Postgraduate medical education (i.e. - residency)

3. Graduate education (i.e. - masters, etc).

4. Post-doctoral training (i.e. - PhD)

5. Professional Development

6. Patient/Public Education

List significant accomplishments, i.e., curriculum development, a report was presented and distributed, etc.

**4. Education Research**

Documentation of participation in education research activities

For example, publications, abstracts, presentations and/or grants as well as scholarly writing relating to education – list in 3 separate categories:

* Local:
* Provincial:
* National:
* International:

**5. Organizations**

Documentation of participation in organizations whose activities relate to education research and development – list in 3 separate categories

* Local:
* Provincial:
* National:
* International:

**6. Conferences/Workshops**

Documentation of participation in conferences and workshops relating to education research and development – list in 3 separate categories:

* Local:
* Provincial:
* National:
* International:

**7. Invited Lectures/Presentations**

Documentation of invitation to lectures/conferences and workshops relating to education research and development – list in 3 separate categories:

* Local:
* Provincial:
* National:
* International:

**8. External Consultancies**

Documentation of external consultancies relating to education research and development

**9. Mentoring in Education/Research**

Documentation of effectiveness in mentoring or advising in education and teaching - List under applicable headings:

1. Undergraduate education

2. Postgraduate medical education (residency)

3. Graduate education (masters, etc).

4. Post-doctoral training (PhD)

5. Professional Development

6. Patient/Public Education

**Example:**

Mentored first year medical students in DXX2 (insert course name) in their research projects with Dr XX Smith. Responsibilities include assistance in advice and support, review of final project, ethics approval.

**10. Honours and Awards**

A listing of honours and awards related to teaching and education

**TEACHING DATA SUMMARY REPORT**

|  |
| --- |
| NAME:  |

TEACHING EFFECTIVENESS SCORES (TES)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Level** | **Program** | **Type of Teaching** | **Total Hours** | **Total Number of Students** | **Teaching Effectiveness Score****(if applicable)** | **Comparative Score (e.g. Mean for department/program if available)** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|  |  |
| --- | --- |
| Level | U = Undergraduate UM = Undergraduate MedicineG = Graduate PG = PostgraduateOther – please specify |
| Type of Teaching | O = One on one S.G. = Small Group (6-10)S = Seminar (15-25) W.C. = Whole Class (variable size) Other – please specify |
| Program | M.D., Arts and Science, etc. |